



EXPRESS MAIL MAILING LABEL NO. EL934410477US

*6*  
**PATENT**  
Attorney Docket No. AFN-001

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

SERIAL NO.: 10/053,353

GROUP NO.: 2161

FILING DATE: November 9, 2001

EXAMINER: Not yet assigned

TITLE: Method and Apparatus For Dynamic, Real-Time Market Segmentation

Box Missing Parts  
Commissioner for Patents  
Washington, D.C. 20231

**TRANSMITTAL OF FORMAL DRAWINGS**

Sir:

Attached please find the formal drawing(s) for this application - Number of Sheets - 21.

Respectfully submitted,

  
\_\_\_\_\_  
Brian Fairchild  
Agent for Applicant(s)  
Testa, Hurwitz, & Thibeault, LLP  
High Street Tower  
125 High Street  
Boston, Massachusetts 02110

Date: September 20, 2002  
Reg. No. 48,645

Tel. No.: (617) 248-7697  
Fax No.: (617) 248-7100

2305720

09-23-UR-B



**TRANSMITTAL  
FORM**

Application Serial Number	10/053,353
Filing Date	November 9, 2001
First Named Inventor	Afeyan
Group Art Unit	2161
Examiner Name	Not yet assigned
Attorney Docket No.	AFN-001
Patent No.	Not applicable
Issue Date	Not applicable

**ENCLOSURES (check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form	<input checked="" type="checkbox"/> Copy of Notice to File Missing Parts of Nonprovisional Application <input checked="" type="checkbox"/> Formal Drawing(s)	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <input type="checkbox"/> Appeal Brief (in triplicate)
<input checked="" type="checkbox"/> Amendment/Response <input checked="" type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____]	<input type="checkbox"/> Request For Continued Examination (RCE) Transmittal <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers) <input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Status Inquiry <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8 <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8 <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below)
<input checked="" type="checkbox"/> Petition for Extension of Time	<input checked="" type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application	Transmittal of Formal Drawings (1 pg.).
<input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations	<input checked="" type="checkbox"/> Small Entity Statement <input type="checkbox"/> CD(s) for large table or computer program	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Amendment After Allowance	
<input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above	<input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate)	

**CORRESPONDENCE ADDRESS**

Direct all correspondence to: Patent Administrator  
 Testa, Hurwitz & Thibeault, LLP  
 High Street Tower  
 125 High Street  
 Boston, MA 02110  
 Tel. No.: (617) 248-7000  
 Fax No.: (617) 248-7100

**SIGNATURE BLOCK**

Respectfully submitted,

Brian Fairchild  
 Attorney for Applicant(s)  
 Testa, Hurwitz & Thibeault, LLP  
 High Street Tower  
 125 High Street  
 Boston, MA 02110

**FEES TRANSMITTAL**  
**FY 2002**

Complete if Known	
Application Serial Number	10/053,353
Filing Date	November 9, 2001
First Named Inventor	Afeyan
Group Art Unit	2161
Examiner Name	Not yet assigned
Attorney Docket No.	AFN-001



METHOD OF PAYMENT		FEE CALCULATION (continued)	
1. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other		3. ADDITIONAL FEES	
2. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 20-0531. <input type="checkbox"/> Required Fees (copy of this sheet enclosed). <input checked="" type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17. <input checked="" type="checkbox"/> Overpayment Credit. 3. <input checked="" type="checkbox"/> Applicant claims small entity status.		Large Entity      Small Entity Fee (\$)      Fee (\$)      Fee Description      Fee Paid	
<b>FEE CALCULATION</b>		2,520      2,520      Request for ex parte reexamination 110      55      Extension for reply within first month 400      200      Extension for reply within second month 920      460      Extension for reply within third month 1440      720      Extension for reply within fourth month 1960      980      Extension for reply within fifth month 320      160      Notice of Appeal 320      160      Filing a brief in support of an appeal 280      140      Request for oral hearing 130      130      Petitions to the Commissioner 180      180      Submission of Information Disclosure Statement 740      370      Filing a submission after final rejection (37 CFR 1.129(a)) 740      370      For each additional invention to be examined (37 CFR 1.129(b)) 100      100      Certificate of Correction for applicant's error  Other fee (Specify) _____ Other fee (Specify) _____	
1. FILING FEE		740.00 330 160	
Large Entity Fee (\$)      Fee Description      Fee Paid		740.00  740  740	
740      Utility filing fee 330      Design filing fee 160      Provisional filing fee		Number      Number      Rate      Amount Filed      Extra	
Total Claims      - 20 =      x \$ 18.00 =      0.00		Number      Number      Rate      Amount Filed      Extra	
Independent Claims      - 3 =      x \$ 84.00 =      0.00		Number      Number      Rate      Amount Filed      Extra	
<input type="checkbox"/> Multiple Dependent Claim(s), if any      \$280.00 =      0.00		Number      Number      Rate      Amount Filed      Extra	
TOTAL: 740.00 SMALL ENTITY DISCOUNT: 370.00 <b>SUBTOTAL (1)</b> <b>(\$)</b> 370.00		Number      Number      Rate      Amount Filed      Extra	
2. AMENDMENT CLAIM FEES		<b>SUBTOTAL (3)</b> <b>(\$)</b> 785.00	
Claims      Highest No.      Present      Rate      Fee Paid Remaining      Previously      Extra After Amend.      Paid For		Number      Number      Rate      Amount Filed      Extra	
Total 20      - 20 =      0      x \$ 18.00 =      0.00		Number      Number      Rate      Amount Filed      Extra	
Indep. 2      - 3 =      0      x \$ 84.00 =      0.00		Number      Number      Rate      Amount Filed      Extra	
<input type="checkbox"/> First Presentation of Multiple Dep. Claim      + \$280.00 =      0.00		Number      Number      Rate      Amount Filed      Extra	
TOTAL: (\$0.00) SMALL ENTITY DISCOUNT: (\$0.00) <b>SUBTOTAL (2)</b> <b>(\$)</b> 0.00		Number      Number      Rate      Amount Filed      Extra	
SUBTOTAL (1)      370.00 SUBTOTAL (2)      0.00 <b>SUBTOTAL (3)</b> 785.00		Number      Number      Rate      Amount Filed      Extra	
<b>CORRESPONDENCE ADDRESS</b>		<b>SIGNATURE BLOCK</b>	
Direct all correspondence to: Patent Administrator Testa, Hurwitz & Thibeault, LLP High Street Tower-125 High Street Boston, MA 02110 Tel. No.: (617) 248-7000 Fax No.: (617) 248-7100		Respectfully submitted,  Brian Fairchild Agent for the Applicants Testa, Hurwitz & Thibeault, LLP High Street Tower-125 High Street Boston, MA 02110	

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UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
[www.uspto.gov](http://www.uspto.gov)

APPLICATION NUMBER	FILING/RECEIPT DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
10/053,353	11/09/2001		AFN-001

021323  
TESTA, HURWITZ & THIBEAULT, LLP  
HIGH STREET TOWER  
125 HIGH STREET  
BOSTON, MA 02110



**CONFIRMATION NO. 5804**  
**FORMALITIES LETTER**

A standard 1D barcode representing the number 00000007678936.

\*OC000000007678936\*

Date Mailed: 03/20/2002

**NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION**

09/25/2002 MBIZUNES 00000020 10053353

01 FC:201  
02 FC:205

370.00 DP  
65.00 DP

FILED UNDER 37 CFR 1.53(b)

***Filing Date Granted***

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given **TWO MONTHS** from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The statutory basic filing fee is missing.  
*Applicant must submit \$ 740 to complete the basic filing fee for a non-small entity. If appropriate, applicant may make a written assertion of entitlement to small entity status and pay the small entity filing fee (37 CFR 1.27).*
- Total additional claim fee(s) for this application is \$2586.
  - \$1746 for 97 total claims over 20.
  - \$840 for 10 independent claims over 3 .
- The oath or declaration is missing.  
*A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date, is required.*
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(l) of \$130 for a non-small entity, must be submitted with the missing items identified in this letter.
- **The balance due by applicant is \$ 3456.**

*A copy of this notice **MUST** be returned with the reply.*

## Summers

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## Customer Service Center

Initial Patent Examination Division (703) 308-1202

**PART 2 - COPY TO BE RETURNED WITH RESPONSE**